

Michigan Department of Health and Human Services
Certified Nurse Midwife Fee Schedule
January - 2016

Code	Short Description	Modifier	Age Range	Non Fac Fee	Fac Fee	Effective Date**
11976	Remove Contraceptive Capsule			\$80.03	\$53.29	
11980	Implant Hormone Pellet(S)			\$52.69	\$31.89	
11981	Insert Drug Implant Device			\$78.84	\$46.95	
11982	Remove Drug Implant Device			\$89.54	\$57.05	
11983	Remove/Insert Drug Implant			\$125.00	\$98.85	
57170	Fitting Of Diaphragm/Cap			\$34.07	\$27.34	
58300	Insert Intrauterine Device			\$40.81	\$30.51	
58301	Remove Intrauterine Device			\$53.09	\$38.04	
58999	Genital Surgery Procedure			M	M	
59025	Fetal Non-Stress Test			\$27.34	NA	
59025	Fetal Non-Stress Test	26		\$17.04	\$17.04	
59025	Fetal Non-Stress Test	TC		\$10.30	NA	
59400	Obstetrical Care			NA	\$1,979.41	
59409	Obstetrical Care			NA	\$780.03	
59410	Obstetrical Care			NA	\$994.08	
59425	Antepartum Care Only			\$427.25	\$340.58	
59426	Antepartum Care Only			\$763.38	\$600.66	
59430	Care After Delivery			\$172.92	\$133.18	
59899	Maternity Care Procedure			M	M	
81000	Urinalysis Nonauto W/Scope			\$2.64	NA	
81001	Urinalysis Auto W/Scope			\$2.64	NA	
81002	Urinalysis Nonauto W/O Scope			\$1.10	NA	
81003	Urinalysis Auto W/O Scope			\$1.10	NA	
81005	Urinalysis			\$1.37	NA	
81015	Microscopic Exam Of Urine			\$1.54	NA	
81025	Urine Pregnancy Test			\$4.74	NA	
82731	Assay Of Fetal Fibronectin			\$70.74	NA	
83026	Hemoglobin Copper Sulfate			\$2.50	NA	
84703	Chorionic Gonadotropin Assay			\$4.18	NA	
85013	Spun Microhematocrit			\$2.50	NA	
85014	Hematocrit			\$2.50	NA	
85018	Hemoglobin			\$2.50	NA	
86005	Allergen Specific Ige			\$2.64	NA	
87205	Smear Gram Stain			\$4.31	NA	
87210	Smear Wet Mount Saline/Ink			\$2.50	NA	
87220	Tissue Exam For Fungi			\$2.50	NA	
99201	Office/Outpatient Visit New			\$24.37	\$14.86	
99202	Office/Outpatient Visit New			\$41.60	\$28.13	
99203	Office/Outpatient Visit New			\$60.22	\$42.99	
99204	Office/Outpatient Visit New			\$91.92	\$72.70	
99205	Office/Outpatient Visit New			\$115.29	\$94.49	
99211	Office/Outpatient Visit Est			\$11.09	\$5.15	
99212	Office/Outpatient Visit Est			\$24.17	\$14.07	

**Effective Date will only be populated when the rate begins after the published fee schedule date

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The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

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99213	Office/Outpatient Visit Est			\$40.61	\$28.53	
99214	Office/Outpatient Visit Est			\$59.83	\$43.78	
99215	Office/Outpatient Visit Est			\$80.63	\$62.01	
99381	Init Pm E/M New Pat Infant			\$86.72	\$53.49	
99384	Prev Visit New Age 12-17			\$99.37	\$69.00	
99385	Prev Visit New Age 18-39			\$99.37	\$69.00	
99386	Prev Visit New Age 40-64			\$117.10	\$84.51	
99391	Per Pm Reeval Est Pat Infant			\$65.83	\$45.89	
99394	Prev Visit Est Age 12-17			\$80.39	\$61.08	
99395	Prev Visit Est Age 18-39			\$81.34	\$61.08	
99396	Prev Visit Est Age 40-64			\$89.89	\$69.00	
99460	Init Nb Em Per Day Hosp			NA	\$53.88	
99462	Sbsq Nb Em Per Day Hosp			NA	\$23.38	
99463	Same Day Nb Discharge			NA	\$66.56	
99464	Attendance At Delivery			NA	\$40.02	
99465	Nb Resuscitation			NA	\$85.38	
J7297	Levonorgestrel Iu 52mg 3 Yr			\$662.50	NA	
J7298	Levonorgestrel Iu 52mg 5 Yr			\$859.11	NA	
J7300	Intraut Copper Contraceptive			\$783.34	NA	
J7301	Levonorgestrel Iu 13.5 Mg			\$689.33	NA	
J7307	Etonogestrel Implant System			\$817.81	NA	
S4989	Contracept Iud			\$127.82	NA	

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